

2017 SGBA WINTER BLAST – VOLUNTEER APPLICATION & MEDICAL FORM

Michigan Christian Youth Camp - February 3–5, 2017

PERSONAL INFORMATION

Name: _____ Gender: M / F Birth Date: ____/____/____

Please PRINT Last Name, First Name

Address: _____

Street

City

State

Zip

Phone(s): (____) _____ (____) _____ Email: _____

Home

Cell

Have you ever been convicted of anything other than a minor traffic violation? No ____ Yes ____ (if yes, please explain) _____

CHURCH INFORMATION

Name of Church: _____

Pastor: _____ Phone: (____) _____

Address: _____

Street

City

State

Zip

SGBA Affiliated? Yes ____ No ____ (if no, please include a reference from an SGBA pastor or official in the reference section below)

Are you a member in good standing? Yes ____ No ____ (if no, please explain) _____

POSITION & EXPERIENCE

Desired Position (please check one):

___ Counselor (must be age 21 or older) ___ Assistant Counselor (must be age 18 or older)

Please list previous youth camp or Winter Blast experience:

Year(s)	Camp	Position	Responsibilities

REFERENCES - Under Michigan state law, no reference will be accepted from a family member of the applying individual. Please have your references read and sign their agreement below.

I recommend the above individual identified above to serve as a volunteer at the Sovereign Grace Baptist Association of Churches Youth Camp. In addition, I hereby state that I trust the capabilities and character of this individual with the care of my own child.

Pastoral Recommendation Name: _____ Phone: (____) _____

Signature: _____ Date: ____/____/____

Second Recommendation Name: _____ Phone: (____) _____

Signature: _____ Date: ____/____/____

Third Recommendation Name: _____ Phone: (____) _____
Signature: _____ Date: ____/____/____

MEDICAL INFORMATION:

In case of emergency, please contact: _____

Please PRINT Last Name

First Name

Relationship: _____ Phone: (____) _____

Family Doctor(s): _____ Phone: (____) _____

Medical Insurance Provider: _____ Policy #: _____

Policyholder: _____

HEALTH HISTORY – CONFIDENTIAL

Last Tetanus Shot ____/____

___ Heart Condition ___ Diabetes: Insulin Dependent? Y / N

___ Allergies: Drugs/Insect Stings/Food (list below) ___ Asthma Inhaler? (Does the inhaler need to

___ Epilepsy/Seizure Disorder ___ Physical Handicap be carried at all times? Y / N)

___ Nervous/Mental Disorder

___ Other Issues or Restrictions (please specify) _____

Please describe any condition listed above in the space provided:

MEDICATIONS

Medication	Dosage	Times

MEDICAL RELEASE MUST BE SIGNED FOR PARTICIPATION

1. In the event I incapacitated in an emergency, I hereby give my permission to the physician selected by SGBA Winter Blast staff/agent to hospitalize, to secure proper treatment for and/or order an injection, anesthesia, or surgery for myself as deemed necessary.
2. By this Agreement, I authorize the SGBA Winter Blast staff/agent to administer First Aid (including over-the-counter medicines) as required for illness and injury. The signature of named individual below is intended to serve as a medical release.
3. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and medical release. I am signing it of my own free will.

Signature _____ Date: ____/____/ 2017

Jared Leuck - Camp Director (810) 309-9043, camp@sgba.net

Laura Clayton - Registrar (810) 441-4606, laura.lynn61@hotmail.com